

COLUMBUS
TELEPHONE COMPANY

224 S. Kansas Avenue
Olathe, KS 66075

850-429-1112
850-429-1714

DOCKET FILE COPY ORIGINAL

Received & Inspected

OCT 28 2013

10/25/2013

FCC Mail Room

To: Marlene H. Dortch, FCC Secretary

445 12th St. SW

Room TW-A325

Washington, DC 20554

Re: Docket No. 10-90

FCC Form 481 Filing for Columbus Telephone Company

Please find the attached FCC Form 481, which contains certain information required pursuant to 47 CFR § 54.313, for Columbus Telephone Company. Certain information included in this filing is Redacted for Public Inspection. A version with confidential information is being filed at the same time under a separate cover letter.

Thank you,



Patricia Carroll

Corporate Secretary

Columbus Telephone Company

No. of Copies rec'd 10
List ABCDE

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	411756	
<015> Study Area Name	COLUMBUS TELEPHONE	
<020> Program Year	2014	Received & Inspected
<030> Contact Name: Person USAC should contact with questions about this data	Patricia Carroll	OCT 28 2013
<035> Contact Telephone Number: Number of the person identified in data line <030>	620-429-3132	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	tcarroll@columbus-telephone.com	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>		
<420> Mobile	<input type="text" value="0.0"/>		
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	
<440> Fixed	<input type="text" value="0.0"/>		
<450> Mobile	<input type="text" value="0.0"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="411756ks510"/>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="411756ks610"/>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	
<1010> <input type="text" value=""/>	(attach descriptive document)	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-429-3132
<039>	Contact Email Address - Email Address of person identified in data line <030>	tc Carroll1@Columbus-telephone.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> (yes) <input checked="" type="radio"/> (no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> (yes) <input checked="" type="radio"/> (no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.
-------	--

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

Name of Attached Document (.pdf)

411756

COLUMBUS TELEPHONE

2014

Patricia Carroll

620-429-3132

030> tcarroll@columbus-telephone.com

[illegible]

Page 4

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-429-3132
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarrol1@columbus-telephone.com
<810>	Reporting Carrier	Columbus Telephone Company
<811>	Holding Company	
<812>	Operating Company	

<813>	<81>	<82>	<83>
Affiliates	SAC	Doing Business As Company or Brand Designation	
-- See attached worksheet --			

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-429-3132
<039>	Contact Email Address - Email Address of person identified in data line <030>	tc Carroll@columbus-telephone.com
<910>	Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, NA)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

Name of Attached Document (.pdf)

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

☒

**(2001) Terms and Condition for Lifeline customers
Lifeline
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tc Carroll@columbus-telephone.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

411756ks1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

☒

<1222> Details on the number of minutes provided as part of the plan,

☐

<1223> Additional charges for toll calls, and rates for each such plan.

☐

(2010) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 487
OMB Control No. 3060-0986/OMB Control No. 3060-0819
JULY 2013

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-429-3132
<039>	Contact Email Address - Email Address of person identified in data line <030>	tc Carroll@coolumbus-telephone.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(c)(d)(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input checked="" type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

ECF Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
JUN 2013

<010> Study Area Code	411756
<015> Study Area Name	COLUMBUS TELEPHONE
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035> Contact Telephone Number - Number of person identified in data line <030>	620-429-3132
<039> Contact Email Address - Email Address of person identified in data line <030>	tcarr01@columbus-telephone.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Progress Report on 5 Year Plan	Name of Attached Document Listing Required Information	
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of Car Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input type="checkbox"/>
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3012)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3013)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>
(3014)	If the response is no on line 3014, is your company audited?	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
(3015)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3016)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3017)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3018)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3019)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3020)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3021)	Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3022)	Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3023)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3024)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	411756ks3026

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Patricia Carroll</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Patricia Carroll
Name of Reporting Carrier:	COLUMBUS TELEPHONE
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Officer:	Patricia Carroll
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	6204293132
Study Area Code of Reporting Carrier:	411756 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	COLUMBUS TELEPHONE
Name of Authorized Agent or Employee of Agent:	Josh Fondren
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Agent or Employee of Agent:	Josh Fondren
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	918-376-9901
Study Area Code of Reporting Carrier:	411756 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Columbus Telephone Company (SAC 411756)

Statement Regarding Compliance with Service Quality Standards and Consumer Protection Rules

47 CFR § 54.313(a)(5)

Form 481, Line 510

Columbus Telephone Company (CTC) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, CTC is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

CTC is subject to the service quality standards and consumer protection standards adopted by the KCC and that are applicable to ILECs in the state of Kansas. These standards are contained in Orders adopted by the KCC in Docket No. 95-GIMT-047-GIT (specifically the KCC Order dated May 23, 2008) and Docket No. 06-GIMT-187-GIT. The consumer protection standards are also contained in CTC's local tariff that is on file with the KCC.

Apart from effective internal procedures and operations, CTC ensures compliance with all applicable service quality and consumer protection rules through KCC enforcement, which entails the operation of an effective customer complaint process. KCC is required to respond to customer complaints and other service quality-related inquiries from the KCC in a reasonable time frame. CTC consistently meets or exceeds all KCC-adopted standards, and reports to this effect via all required KCC processes.

Finally, CTC has established internal procedures to ensure compliance with the Federal Communications Commission's Customer Proprietary Network Information (CPNI) rules that include, but are not limited to, periodic employee training and maintenance of written company CPNI procedures. CTC certifies its compliance with the Commission's CPNI rules by making annual filings as required in 47 CFR § 64.2009(e).

Columbus Telephone Company (SAC 411756)

Statement Regarding the Ability to Function in Emergency Situations

47 CFR § 54.313(a)(6)

Form 481, Line 610

Columbus Telephone Company (CTC) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, CTC is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

CTC is subject to KCC rules regarding the ability to remain functional in emergency situations by (1) maintaining at least eight hours of backup power to ensure functionality without local alternating current (AC) commercial power, (2) establishing the ability to reroute traffic around damaged facilities and to manage traffic spikes resulting from emergency situations, and (3) establishing procedures for employees to follow in an emergency to prevent or minimize interruption or impairment of telecommunications services.

CTC has 1 fixed generator capable of providing the required level of backup power. CTC's network is capable of rerouting traffic around damaged facilities, although this ability is not absolute and may be limited in certain circumstances. However, CTC follows all industry standard practices in ensuring its network remains functional during different types of emergency situations.



KANSAS LIFELINE SERVICE PROGRAM SELF CERTIFICATION FORM FOR ELIGIBILITY

The Kansas Lifeline Service Program (KLSP), a telephone assistance plan that provides eligible residential telephone service customers with a reduction in the price of basic local service, includes income based eligibility criteria. These criteria are based on the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health & Human Services (HHS) under authority of 42 U.S.C. 9902 (2) for KLSP eligibility, the total household income at the customer's household must be at or below 150% of the federal poverty guidelines published yearly by HHS. Customers eligible under the KLSP criteria, set out below, are required to self-certify such eligibility and certify income eligibility by providing prior year's state of federal tax return, current benefits, retirement statement of benefits, Unemployment/Workers Compensation statement of benefit, divorce decree of child support documents for income verification. Any type of documentation other than a previous year's taxes as evidence of income the consumer must present THREE CONSECUTIVE MONTHS of statements. The present KLSP income-based eligibility criteria are as follows:

SIZE OF FAMILY UNIT RESIDING AT LOCATION
WHICH LIFELINE ASSISTANCE IS SOUGHT

MAXIMUM ANNUAL
INCOME

1	\$ 17,235	6	\$ 47,385
2	\$ 23,265	7	\$ 53,415
3	\$ 29,295	8	\$ 59,445
4	\$ 35,325	Each additional person add	\$ 6,030
5	\$ 41,355		

I, _____, state that total household income, at the location for which Lifeline telephone rate assistance is sought, is at or below 150% of the federal poverty guidelines.

I CERTIFY I AM CURRENTLY RECEIVING AT LEAST ONE OF THE FOLLOWING:

- | | |
|---|--|
| <input type="checkbox"/> SUPPLEMENT NUTRITION ASSISTANCE PROGRAM(SNAP) | <input type="checkbox"/> MEDICAID |
| <input type="checkbox"/> SSI (SUPPLEMENTAL SECURITY INCOME) | <input type="checkbox"/> PUBLIC HOUSING ASSISTANCE |
| <input type="checkbox"/> TEMPORARY ASSISTANCE TO NEEDY FAMILIES | <input type="checkbox"/> FOOD DISTRIBUTION PROGRAM |
| <input type="checkbox"/> NATIONAL SCHOOL LUNCH PROGRAM (FREE LUNCH) | <input type="checkbox"/> (UNITED TRIBES) |
| <input type="checkbox"/> LOW INCOME HOME ENERGY ASSISTANCE PROGRAM-LIHEAP | |

Proof of participation in the above programs will be needed to qualify for Kansas Lifeline Program. Applicants must provide either a copy of the SRS medical card or copy of the Vision card to verify participation in the eligible programs as well as a Statement of Benefits from SRS. Lifeline is a non-transferable benefit, may not be transferred to any other person. If a subscriber moves to new address, he/she will notify the ETC within 30 days and provide the new address. If a subscriber provides temporary residential address to the carrier, he/she will be required to verify the temporary address every 90 days. The subscriber will notify carrier within 30 days if for any reason he/she no longer satisfy the criteria for receiving Lifeline.

NOTE: CUSTOMER IS REQUIRED TO SELF-CERTIFY JUNE 01 AND EACH JUNE 01 THEREAFTER TO CONTINUE RECEIVING BENEFITS. FAILURE TO DO SO WILL RESULT IN TERMINATION OF BENEFITS. ONLY 1(one) LIFELINE SERVICE IS AVAILABLE PER HOUSEHOLD.

I CERTIFY I AM CURRENTLY NOT RECEIVING LIFELINE SERVICES FROM ANOTHER PROVIDER.

Subscriber acknowledges that providing false or fraudulent information to receive Lifeline benefits is punishable by law!

(Signature of Applicant) _____ (Date Received/Reviewed) _____ (Phone Number) _____

(Print Full Name) _____ (Residential Address)Perm.() Temp.() (Account Number) _____

Date of Birth: _____ Last 4 digits of Social Security#: _____

Billing Address if different from above _____

Method documentation was provided: _____ fax _____ mail _____ electronic _____ in person _____

INDATE _____

OUTDATE _____

ETC Representative

revised 7-30-13



REQUIRED LIFELINE SURVEY

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (include water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

- Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) ☐ YES ☐ NO
 - If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
 - If you checked NO, please answer question #2.
- Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent	<input type="checkbox"/> YES <input type="checkbox"/> NO	D. An adult roommate	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. An adult son or daughter	<input type="checkbox"/> YES <input type="checkbox"/> NO	E. Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

 - If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked YES, please answer question #3.
- Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ☐ YES ☐ NO
 - If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked YES, then your address includes only one household. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to COLUMBUS TELEPHONE CO by December 1, 2012. **Failure to return will result in loss of your Lifeline Discount!**

- A. ☐ I certify that I live at an address occupied by multiple households.
- B. ☐ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____

Date _____



INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

To the Board of Directors
Columbus Communications Services, LLC
Columbus, Kansas

We have compiled the accompanying balance sheet of Columbus Communications Services, LLC (a Kansas limited liability company) as of December 31, 2012, and the related statements of income and retained earnings and cash flows for the year ended December 31, 2012 in the accompanying prescribed form, and the accompanying balance sheet of Columbus Telephone Company, Inc. (a Kansas corporation) as of December 31, 2011, and the related statements of income and retained earnings for the year ended December 31, 2011 included in the accompanying prescribed form. We have not audited or reviewed the financial statements included in the accompanying prescribed form and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the form prescribed by the Federal Communications Commission (FCC).

Management is responsible for the preparation and fair presentation of the financial statements included in the form prescribed by the FCC and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

The financial statements included in the accompanying prescribed form are presented in accordance with the requirements of the FCC, and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the FCC, Universal Service Administrative Company and the Kansas Corporation Commission and is not intended to be and should not be used by anyone other than these specified parties.

Kiesling Associates LLP

Madison, Wisconsin
October 11, 2013

REDACTED - FOR PUBLIC INSPECTION

4510 Study Area Code
 4515 Study Area Name
 4520 Program Year
 4530 Contact Name - Person UAC should contact regarding this data
 4540 Contact Telephone Number - Number of person identified in data line 4530
 4550 Contact Telephone Email Address - Email address of person identified in data line 4530

4560
 4515 CHALMERS COMMUNICATIONS SERVICES, LLC
 4520 2014
 4530 Jack Sandberg
 4540 202.375.2001
 4550 jack@chalmers.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR LOSSES		PREVIOUS YEAR	THIS YEAR
FROM			
1. Local Network Services Revenues			
2. Network Access Services Revenues			
3. Long Distance Network Services Revenues			
4. Carrier Billing and Collection Revenues			
5. Miscellaneous Revenues			
6. Unallocated Revenues			
7. Net Operating Expenses (I show 5 lines 6)			
8. Prior Specific Operating Expenses			
9. Prior Intangible Operating Expenses (Excludes Depreciation & Amortization)			
10. Depreciation Expenses			
11. Amortization Expenses			
12. Customer Operations Expenses			
13. Corporate Operations Expenses			
14. Total Operating Expenses (I show 10)			
15. Operating Income or Margins (I show 14)			
16. Other Operating Income and Expenses			
17. State and Local Taxes			
18. Federal Income Taxes			
19. Other Taxes			
20. Total Operating Income (I show 15-19)			
21. Net Operating Income or Margins (I show 20)			
22. Interest on Funded Debt			
23. Interest Expenses - Capital Leases			
24. Other Interest Expenses			
25. Allowances for Funds Used During Construction			
26. Total Fund Charges (I show 23-25)			
27. Income/loss (Net Income)			
28. Depreciation Items			
29. Amortization Expenses			
30. Nonregulated Net Income			
31. Total Net Income or margin (I show 20-29)			
32. Total Taxes Paid on Income			
33. Nonregulated Net Income			
34. Miscellaneous Credits Year-to-date			
35. Dividends Received (Excessed)			
36. Dividends Received (Preferred)			
37. Other Credits Year-to-date			
38. Transfers to Reserve Capital			
39. Retained Earnings or Margins end-of-period (I show 31-36-37-38)			
40. Payments Capital Expenditures			
41. Transfers to Reserve Capital			
42. Payments Capital Credits Issued			
43. Payments Capital End-of-Year (I show 41-42)			
44. Annual Rate Service Payments			
45. Cash Basis (I show 31-36-37-38-44)			
46. Operating Asset Basis (I show 31-36-37-38-44)			
47. TMS (I show 20)			
48. DMS (I show 31-36-37-38-44)			

<010> Study Area Code
 <015> Study Area Name
 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
 <035> Contact Telephone Number - Number of person identified in data line <030>
 <035> Contact Telephone Email Address - Email Address of person identified in data line <030>
 <010>
 <015> COLUMBUS COMMUNICATIONS SERVICES, LLC
 <020>
 <030> Josh Friedman
 <035> 518-576-5921
 <035> jfriedman@colcom.net

PART C STATEMENTS OF CASH FLOWS

1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)		
CASH FLOWS FROM OPERATING ACTIVITIES		
2. Net Income		
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3. Add: Depreciation		
4. Add: Amortization		
5. Other (Specify)	Change in accrued taxes	
6. Decrease/(Increase) in Accounts Receivable	Changes in Operating Assets and Liabilities	
7. Decrease/(Increase) in Materials and Inventory		
8. Decrease/(Increase) in Prepayments and Deferred Charges		
9. Decrease/(Increase) in Other Current Assets		
10. Increase/(Decrease) in Accounts Payable		
11. Increase/(Decrease) in Advance Billing & Payments		
12. Increase/(Decrease) in Other Current Liabilities		
13. Net Cash Provided/(Used) by Operations		
CASH FLOWS FROM FINANCING ACTIVITIES		
14. Decrease/(Increase) in Notes Receivable		
15. Increase/(Decrease) in Notes Payable		
16. Increase/(Decrease) in Customer Deposits		
17. Net Increase/(Decrease) in Long Term Debt (including Current Maturities)		
18. Increase/(Decrease) in Other Liabilities & Deferred Credits		
19. Increase/(Decrease) in Capital Stock, Paid in Capital, Membership and Capital Certificates & Other Capital		
20. Less: Payment of Dividends		
21. Less: Percentage Capital Credits Refund		
22. Other (Specify)		
23. Net Cash Provided/(Used) by Financing Activities		
CASH FLOWS FROM INVESTING ACTIVITIES		
24. Net Capital Expenditures (Property, Plant & Equipment)		
25. Other Long-Term Investments		
26. Other Noncurrent Assets & Jurisdictional Differences		
27. Other (Specify)	Various non-cash items	
28. Net Cash Provided/(Used) by Investing Activities		
29. Net Increase/(Decrease) in Cash		
30. Ending Cash		

<010> Study Area Code
 <015> Study Area Name
 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
 <035> Contact Telephone Number - Number of person identified in data line <030>
 <039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010>
 <015> COLUMBUS COMMUNICATIONS SERVICES, LLC
 <020> 2014
 <030> Josh Franklin
 <035> 718-376-2501
 <039> jfranklin@atlcom.net

PART C. STATEMENTS OF CASH FLOWS

1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)		
CASH FLOWS FROM OPERATING ACTIVITIES		
2. Net Income		
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3. Add: Depreciation		
4. Add: Amortization		
5. Other (Specify)	Change in accrued taxes	
	Changes in Operating Assets and Liabilities	
6. Decrease/(Increase) in Accounts Receivable		
7. Decrease/(Increase) in Materials and Inventory		
8. Decrease/(Increase) in Prepayments and Deferred Charges		
9. Decrease/(Increase) in Other Current Assets		
10. Increase/(Decrease) in Accounts Payable		
11. Increase/(Decrease) in Advance Billings & Payments		
12. Increase/(Decrease) in Other Current Liabilities		
13. Net Cash Provided/(Used) by Operations		
CASH FLOWS FROM FINANCING ACTIVITIES		
14. Decrease/(Increase) in Notes Receivable		
15. Increase/(Decrease) in Notes Payable		
16. Increase/(Decrease) in Customer Deposits		
17. Net Increase/(Decrease) in Long Term Debt (including Current Maturities)		
18. Increase/(Decrease) in Other Liabilities & Deferred Credits		
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital		
20. Less: Payment of Dividends		
21. Less: Percentage Capital Credits Refund		
22. Other (Specify)		
23. Net Cash Provided/(Used) by Financing Activities		
CASH FLOWS FROM INVESTING ACTIVITIES		
24. Net Capital Expenditures (Property, Plant & Equipment)		
25. Other Long-Term Investments		
26. Other Noncurrent Assets & Jurisdictional Differences		
27. Other (Specify)	Various non-cash items	
28. Net Cash Provided/(Used) by Investing Activities		
29. Net Increase/(Decrease) in Cash		
30. Ending Cash		

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-429-3132
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com
<810>	Reporting Carrier	Columbus Telephone Company
<811>	Holding Company	
<812>	Operating Company	

[illegible]